

State : Iowa

ELEMENTARY AND SECONDARY EDUCATION HURRICANE RELIEF PROGRAM

Application By Parent Or Guardian For Emergency Impact Aid On Behalf Of Students
Displaced By Hurricane Katrina Or Hurricane Rita And Who Are Attending A Nonpublic School

NAME OF PARENT :

STREET/P.O. BOX :

CITY :

COUNTY :

STATE & ZIP :

Names of children enrolled
in this non-public school
prior to 12/30/2005:

NAME OF NON-PUBLIC SCHOOL :

STREET/P.O. BOX :

CITY :

COUNTY :

STATE & ZIP :

Name of the local educational agency
within whose boundaries this non-public
school is located:

I request that the local educational agency named above make payments to Emergency Impact Aid Accounts on behalf of each of my children named above.

I certify that I enrolled my children named above in this non-public school prior to December 30, 2005 (the date of enactment of the law authorizing Emergency Impact Aid for Displaced Students).

I certify that my children named above were enrolled or were eligible to be enrolled in a school in an area for which the Federal Government later declared a major disaster related to Hurricane Katrina or Hurricane Rita and, as a result, are displaced students.

NAME OF PARENT

SIGNATURE

DATE